Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 1 of 57

Fill in this information to identify your		
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Adrienne First Name	First Name
	your driver's license or passport).	Middle Name	Middle Name
		McAllister	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>3</u> <u>3</u> <u>1</u> <u>1</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 2 of 57

Debtor 1 Adrienne First Name			McAllister Middle Name Last Name	Case number (if known)		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	and E	usiness names mployer	✓ I have not used any business names or	EINs.		
	(EIN)	fication Numbers you have used in st 8 years	Business name	Business name		
	Include	e trade names and	Business name	Business name		
	dollig	business as names	Business name	Business name		
			EIN			
			EIN			
5.	Where	you live		If Debtor 2 lives at a different address:		
			2305 Rhawn Street			
			Number Street	Number Street		
						
			Philadelphia PA 19152			
			City State ZIP Code	City State ZIP Code		
			PHILADELPHIA			
			County	County		
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Number Street	Number Street		
			P.O. Box	P.O. Box		
			City State ZIP Code	City State ZIP Code		
6.		ou are choosing	Check one:	Check one:		
	bankr		Over the last 180 days before filing this petition, I have lived in this district long than in any other district.			
			☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Ŀ	Part 2:	Tell the Court	About Your Bankruptcy Case			
7.	Bankr	hapter of the uptcy Code you	Check one: (For a brief description of each, so for Bankruptcy (Form 2010)). Also, go to the t	ee Notice Required by 11 U.S.C. § 342(b) for Individuals Filing op of page 1 and check the appropriate box.		
	are ch under	oosing to file	Chapter 7			
			Chapter 11			
			Chapter 12			
			✓ Chapter 13			

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 3 of 57

Deb	otor 1 Adrienne		McAllister C	ase numbe	er (if known)			
	First Name	Middle Name	Middle Name Last Name					
8.	How you will pay the	co pa	vill pay the entire fee when I file my petitio urt for more details about how you may pay. ly with cash, cashier's check, or money order shalf, your attorney may pay with a credit card	Typically, . If your at	if you are pay torney is subr	ing the fee you mitting your pay	rself, you may	
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).					
		By that fee	equest that my fee be waived (You may red law, a judge may, but is not required to, waiven 150% of the official poverty line that applie in installments). If you choose this option, ying Fee Waived (Official Form 103B) and file	ve your fee es to your f you must fi	, and may do amily size and Il out the App	so only if your d you are unabl	income is less e to pay the	
9.	Have you filed for bankruptcy within the	□ No						
	last 8 years?	☑ Ye	es.					
		District	PHILADELPHIA-CH 13 DISMISSED 9/		0/01/2009 M / DD / YYYY	Case number	09-16625SR	
		District	PHILADELPHIA CH 13 DISMISSED 7		2/20/2011 M / DD / YYYY	Case number	11-19620SR13	
		District	Philadelphia		/19/2014 // DD / YYYY	Case number	14-19170SR	
10.	Are any bankruptcy cases pending or bei	☑ No						
	filed by a spouse who	ois 🗆 Ye	es.					
	not filing this case wi you, or by a business	L)ebtor			Relationsh	ip to you		
	partner, or by an affiliate?	District		When	// DD / YYYY			
		Debtor			_ Relationsh	ip to you		
		District		When	// DD / YYYY	Case number, if known		
11.	Do you rent your residence?	✓ No		udgment aç	gainst you and	d do you want to	o stay in your	
			No. Go to line 12. Yes. Fill out Initial Statement Abou and file it with this bankruptcy petition.		on Judgment i	Against You (Fo	orm 101A)	

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 4 of 57

Deb	tor 1	Adrienne	4: 1 11 - 11		McAllister	Case num	ber (if known)		
			Middle N		Last Name				
Pa	art 3:	Report About A	ny Bu	sine	sses You Own as a	a Sole Proprietor			
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a				Name and location of b	usiness				
	•	e legal entity such as ration, partnership, or							
	sole pro	ave more than one oprietorship, use a			City		State	ZIP Cod	de
	to this p	e sheet and attach it etition.			Health Care Busi Single Asset Rea Stockbroker (as of	box to describe your business (as defined in 11 U.S. Il Estate (as defined in 11 U.S.C. § 101(er (as defined in 11 U.S.C. e	s.C. § 101(27A)) J.S.C. § 101(51B)) (53A))		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		<i>can</i> mos	set ap t recei	propriate deadlines. If and balance sheet, staten	the court must know wheti you indicate that you are a nent of operations, cash-flo ot exist, follow the procedu	small business de ow statement, and f	btor, you federal ind	must attach your come tax return
	debtor?	debtor?	$\overline{\mathbf{V}}$	No.	I am not filing under C	hapter 11.			
		For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a sma	all business debtor	according	g to the definition in
	11 U.S.			Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small bu	siness debtor acco	rding to th	ne definition in the
Pa	art 4:	Report If You O	wn or	Hav	e Any Hazardous I	Property or Any Prop	perty That Need	ds Imm	ediate Attention
14.	propert alleged immine	Do you own or have any property that poses or is alleged to pose a threat of mminent and identifiable hazard to public health or		No Yes.	What is the hazard?				
	safety? any pro	Or do you own operty that needs attention?			If immediate attention	is needed, why is it needed	d?		
	For exa perishad livestoc a buildid repairs?			Where is the property?	Number Street				
						City		State	ZIP Code

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 5 of 57

Debtor 1 Adrienne McAllister Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Yo	u must check one:
V	I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.
	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

About Debtor 1:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition,

you MUST file a copy of the certificate and payment

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

for cause and is limited to a maximum of 15 days.					
☐ I am not require credit counselin	d to receive a briefing about g because of:				
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.				
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or				

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

through the internet, even after I

reasonably tried to do so.

You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

About Debtor 2 (Spouse Only in a Joint Case):

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to receive a briefing about
	credit counseling because of:

☐ Incapacity.	I have a mental illness or a mental
_	deficiency that makes me
	incapable of realizing or making
	rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 6 of 57

Deb	otor 1	Adrienne		McAllister		Case number (if	know	n)
		First Name	Middle N	ame Last Name				
P	art 6:	Answer These	Quest	ions for Reporting Pເ	ırpos	ses		
16. What kind of debts do you 1 have?			16a.	•	dual pi	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.	 Are your debts primarily business debts? Business debts are debts that you incurred to money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 				•
			16c.	State the type of debts y	ou ow	e that are not consumer or bu	sines	s debts.
17.	Are you Chapte	u filing under r 7?	V	No. I am not filing under	r Chap	oter 7. Go to line 18.		
	any exe	estimate that after empt property is		-	•	•	-	xempt property is excluded and to distribute to unsecured creditors?
		strative expenses		□ No				
	availab	d that funds will be le for distribution ecured creditors?		Yes				
18.		any creditors do		1-49		1,000-5,000		25,001-50,000
	you est	timate that you		50-99 100-199 200-999		5,001-10,000 10,001-25,000		50,001-100,000 More than 100,000
19.		uch do you te your assets to		\$0-\$50,000 \$50,001-\$100,000		\$1,000,001-\$10 million \$10,000,001-\$50 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	be wor	th?		\$100,001-\$500,000 \$500,001-\$1 million		\$50,000,001-\$100 million \$100,000,001-\$500 million		\$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 7 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)		
	First Name	Middle Name	Last Name			
Part 7:	Sign Below					
For you		I have examinand correct.	ned this petition, and I decla	are under penalty of perjury that the information provided is true		
			11, United States Code. I u	am aware that I may proceed, if eligible, under Chapter 7, 11, 12, nderstand the relief available under each chapter, and I choose to		
		•	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).			
		I request relie	ef in accordance with the ch	apter of title 11, United States Code, specified in this petition.		
		connection w	•	oncealing property, or obtaining money or property by fraud in esult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.		
			nne McAllister McAllister, Debtor 1	X Signature of Debtor 2		
			on <u>09/12/2016</u> MM / DD / YYYY	Executed on		

Debtor 1	Adrienne	McAllister	Case number (if know	n)
First Name For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		eligibility to proceed under Chapt relief available under each chapte the debtor(s) the notice required by	amed in this petition, declare that I have er 7, 11, 12, or 13 of title 11, United Sta er for which the person is eligible. I also by 11 U.S.C. § 342(b) and, in a case in after an inquiry that the information in th	tes Code, and have explained the concertify that I have delivered to which § 707(b)(4)(D) applies,
		X /s/ Michael A. Cataldo, Es Signature of Attorney for Debt		09/12/2016 MM / DD / YYYY
		Michael A. Cataldo, Esqu	ire	
		Printed name Cibik & Cataldo, P.C.		
		Firm Name	.000	
		Number Street	300	
		Philadelphia	PA PA	19102
		City	State	ZIP Code
		Contact phone (215) 735-1	060 Email address mcata	ıldo@ccpclaw.com
		Bar number	State	_

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 9 of 57

Debtor 1 Debtor 2 (Spouse, if filing) United States Ba Case number (if known)	First Name	McAllister Middle Name Last Name Middle Name Last Name			
(Spouse, if filing) United States Ba Case number					
(Spouse, if filing) United States Ba Case number					
Case number	inkruptcy Court for the:				
		EASTERN DIST. OF PENNSYLVANIA			
(if known)			☐ Checki	if this is an	
			—	ed filing	
Official Form	106A/B				
Schedule A	/B: Property			12/15	
filing together, bo sheet to this form Part 1: De 1. Do you own	oth are equally respon On the top of any accessribe Each Resident	nk it fits best. Be as complete and accurate as sible for supplying correct information. If more diditional pages, write your name and case numbers. Building, Land, or Other Real Esquitable interest in any residence, building, land	space is needed, attach a s ber (if known). Answer ever state You Own or Have	separate ry question.	
ш : ::	here is the property?				
1.1. 2305 Rhawn Street Street address, if available, or other description		What is the property? Check all that apply. Single-family home	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:	
		Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?	
Philadelphia	PA 19152	Manufactured or mobile home	\$189,892.00	\$189,892.00	
City	State ZIP Code	☐ Land ☐ Investment property ☐ Timeshare ☐ Other 2305 RHAWN STREET,PH	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
County			Tenants In Common		
RESIDENCE	BOA FMV	Who has an interest in the property? Check one.			
OWNED JOINTI ROMAN	LY WITH MICHAEL	□ Debtor 1 only□ Debtor 2 only□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	Check if this is commit (see instructions)	unity property	
		Other information you wish to add about property identification number:	this item, such as local	_	
		you own for all of your entries from Part 1, incled for Part 1. Write that number here		\$189,892.00	
Part 2: De	scribe Your Vehic	les			
	e, or have legal or equ	itable interest in any vehicles, whether they are	_	•	
-	eone else drives. If you	lease a vehicle, also report it on Schedule G: Exec	сиюту Сопітастѕ апа Опехріг	rea Leases.	
you own that some		lease a vehicle, also report it on Schedule G: Executive Execution with the second section of the second se	culory Contracts and Unexpir	ed Leases.	

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 10 of 57

Deb	tor 1	Adrienne First Name	Middle Name	McAllister Last Name	Case number (if known)	
4.		raft, aircraft, mo	tor homes, ATVs and o	other recreational vehicle	es, other vehicles, and accessories owmobiles, motorcycle accessories	
	✓ No		o,o.o.o, poroca. nato	rotally nothing roccole, cir		
5.				or all of your entries from		\$0.00
P	art 3:	Describe Y	our Personal and H	lousehold Items	·	
Do	you own	or have any lec	al or equitable interest	in any of the following i	tems?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		nold goods and es: Major applia	furnishings nces, furniture, linens, ch	nina, kitchenware		
	□ No ✓ Yes	s. Describe I	HOUSEHOLD GOODS	3		\$4,300.00
7.	Electro Exampl	es: Televisions			nent; computers, printers, scanners; meras, media players, games	
	✓ No	s. Describe				
8.		•		nts, or other artwork; book ons; other collections, me	ss, pictures, or other art objects; morabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.					cycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.	Firearm Exampl		s, shotguns, ammunition,	and related equipment		
	✓ No ☐ Yes	s. Describe				
11.	•		othes, furs, leather coats,	, designer wear, shoes, ac	ccessories	
			VEARING APPAREL			\$440.00
12.	Jewelry Exampl		velry, costume jewelry, e	ngagement rings, wedding	g rings, heirloom jewelry, watches, gems,	
	☐ No ✓ Yes	s. Describe 1	2. Jewelry			\$225.00
13.	Exampl	rm animals es: Dogs, cats, t	oirds, horses			
	✓ No	s. Describe				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 11 of 57

Deb	tor 1	Adrienne First Name	Middle Name	McAllister Last Name	Case number (if known)	
14.	Any o				uding any health aids you	
	did no					
		es. Give specific				
	— in	formation				
15.					ntries for pages you have	\$4,965.00
P	art 4:	Describe Yo	our Financial Asse	ts		
		<u> </u>				Current value of the
Do	you ow	n or have any lega	al or equitable interest	in any of the following?	?	portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exam	ples: Money you ha	ave in your wallet, in you	ır home, in a safe deposi	t box, and on hand when you file your	
	☑ N					
	□ Y	es			Cash:	
17.	•		uses, and other similar		deposit; shares in credit unions, nultiple accounts with the same	
	□ N	o				
	V Ye	es	Institution	name:		
	1	7.1. Checking ac	count: Checking	g accountCapital Or	ne	\$55.00
18.			r publicly traded stock nvestment accounts wit	s n brokerage firms, money	y market accounts	
	☑ N					
	_		Institution or issuer r			
19.	•	•	ck and interests in inc artnership, and joint ve	•	orated businesses, including	
	Ø No	o es. Give specific				
	_	formation about				
		em	,		% of ownership:	
20.	Negot	tiable instruments in	clude personal checks,		ottable instruments ssory notes, and money orders. signing or delivering them.	
	in in	o es. Give specific formation about em	Issuer name:			
21.		ement or pension a ples: Interests in IR profit-sharing	A, ERISA, Keogh, 401	k), 403(b), thrift savings a	accounts, or other pension or	
	_	o es. List each ccount separately.	Type of account:	Institution name:		

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 12 of 57

Deb	tor 1 Adrienne	McAllister	Case number (if known)	
	First Name Middle	e Name Last Name			
22.		nts You have made so that you may continue servings, prepaid rent, public utilities (electric, gas			
	☑ No				
	Yes	Institution name or individual:			
23.	Annuities (A contract for a specific	c periodic payment of money to you, either fo	or life or for a number of yea	ırs)	
	✓ No ☐ Yes Issuer	name and description:			
24.	Interests in an education IRA, in a 26 U.S.C. §§ 530(b)(1), 529A(b), an	an account in a qualified ABLE program, ond 529(b)(1).	or under a qualified state to	uition pro	ogram.
	✓ No YesInstituti	ion name and description. Separately file the	e records of any interests.	11 U.S.C.	§ 521(c)
25.	_	sts in property (other than anything listed i			
	✓ No ☐ Yes. Give specific				
	information about them				
26.		trade secrets, and other intellectual prope websites, proceeds from royalties and licens	• '		
	✓ No Yes. Give specific information about them				
27.	Licenses, franchises, and other g Examples: Building permits, exclus	general intangibles sive licenses, cooperative association holding	gs, liquor licenses, profession	onal licens	ses
	✓ No Yes. Give specific				
	information about them				
Mor	ey or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you				
	No	Federal Detential IDS Tay Detund	Fay refund to be	Endoral	: \$0.00
	about them, including whether	Federal: Potential IRS Tax RefundT exemptible to maximum allowed und		Federal: State:	\$0.00
	you already filed the returns and the tax years	Estimated Refund \$0. Amt: \$0.00		Local:	\$0.00
29.	Family support			2000	
	Examples: Past due or lump sum a	alimony, spousal support, child support, main	tenance, divorce settlemen	t, property	y settlement
	✓ No✓ Yes. Give specific information		Alimony:		\$0.00
			Maintenar	ice:	\$0.00
			Support:		\$0.00
			Divorce se	ettlement:	\$0.00
			Property s	ettlement	t: \$0.00 _
30.		ou y insurance payments, disability benefits, sicl security benefits; unpaid loans you made to s		s'	
	No No	wordenes, ampaira tourito you middo to o			
	Yes. Give specific information				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 13 of 57

Deb	otor 1 Adrienne	McAllister	Case number (if known)	
	First Name	Middle Name Last Name		
31.	Interests in insurance pe Examples: Health, disabi		ount (HSA); credit, homeowner's, or renter's i	nsurance
	✓ No Yes. Name the insur- company of each poli and list its value	icy	Beneficiary:	Surrender or refund value:
20		, ,		
3 2 .	If you are the beneficiary	that is due you from someone who h of a living trust, expect proceeds from a ty because someone has died		
	✓ No✓ Yes. Give specific in	formation		
33.	•	rties, whether or not you have filed a laployment disputes, insurance claims, o	awsuit or made a demand for payment rights to sue	
	✓ No☐ Yes. Describe each of	claim		
34.	Other contingent and ur rights to set off claims	nliquidated claims of every nature, inc	luding counterclaims of the debtor and	
	✓ No✓ Yes. Describe each of	claim		
35.	Any financial assets you	u did not already list		
	✓ No☐ Yes. Give specific in	formation		
36.		all of your entries from Part 4, includir te that number here		\$55.00
P	art 5: Describe Any	Business-Related Property Yo	u Own or Have an Interest In. List	any real estate in Part 1.
37.	Do you own or have any	legal or equitable interest in any bus	iness-related property?	
	No. Go to Part 6.			
	Yes. Go to line 38.			
	П			
				Current value of the portion you own? Do not deduct secured
38.	Accounts receivable or	commissions you already earned		claims or exemptions.
	☑ No	,,,,		
	Yes. Describe			
39.	•		ers, copiers, fax machines, rugs, telephones,	
	✓ No☐ Yes. Describe			
40.	Machinery, fixtures, equ	uipment, supplies you use in business	, and tools of your trade	
	✓ No ☐ Yes. Describe			
41.				
	Inventory			

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 14 of 57

Deb	tor 1 <u>A</u>	drienne		McAllister	Case number (if known)	
	Fi	irst Name	Middle Name	Last Name	· · · · -	
42.	Interests	in partnerships	s or joint ventures			
	☑ No					
	☐ Yes.	Describe Na	ame of entity:		% of ownership:	
43.	Custome	r lists, mailing li	lists, or other compil	ations		
	☑ No					
	_		nclude personally ide	entifiable information (as	s defined in 11 U.S.C. § 101(41A))?	
		☐ No ☐ Yes. Descri	ribe			
44.		_	operty you did not al	ready list		
→		iless-i ciatoa pi	operty you are not a.	ready not		
	✓ No ☐ Yes.	Give specific inf	formation.			
45.	_			m Part 5. including any e	entries for pages you have	
40.						\$0.00
-5		· · · 'I A		otot Steblan Bala	1. I Don't a Very County on House	Total or at las
Pa				nercial Fishing-Rela armland, list it in Part	ted Property You Own or Have a 1.	ın İnterest in.
		,			··	
46.	Do you o	wn or have any	legal or equitable in	terest in any farm- or co	mmercial fishing-related property?	
	☑ No. 6	Go to Part 7.				
	Yes.	Go to line 47.				
						• to be able
						Current value of the portion you own?
						Do not deduct secured
47.	Farm anir	mals				claims or exemptions.
			ultry, farm-raised fish			
	☑ No					
	☐ Yes					
48.	Cropsei	ther growing or	r harvested			
	☑ No					
		Give specific nation				
49				achinery, fixtures, and to	nole of trade	
40.		lisining equip	nent, impiemento, ma	tolilliery, lintares, and to	Ols Of trade	
	✓ No ☐ Yes					
50	_		es, chemicals, and fe	and		
50.		lioiling oupp	53, Olioliniodio, dila	eu		
	✓ No ☐ Yes					
E4	_		in fishing related or	tu veu did not alree.	J 15-4	
51.		- and commerci	lai fishing-relateu pri	operty you did not alread	ıy iist	
	✓ No	Give specific				
		nation				
52.					entries for pages you have	\$2.00
	attached	for Part 6. Write	te that number here		-	\$0.00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 15 of 57

Deb	otor 1	Adrienne First Name	Middle Name	McAllister Last Name	Case nu	ımber (if known)		
P	art 7:	Describe All	l Property You Own o	r Have an Inter	est in That You D	oid Not List Abov	ve	
53.	-	•	operty of any kind you did kets, country club membersl	•				
	✓ No	s. Give specific	information.					
54.	Add th	e dollar value o	of all of your entries from F	art 7. Write that n	umber here		<u> </u>	\$0.00
Р	art 8:	List the Tota	als of Each Part of thi	s Form				
55.	Part 1:	Total real esta	te, line 2				-	\$189,892.00
56.	Part 2:	Total vehicles,	line 5	_	\$0.00			
57.	Part 3:	Total personal	and household items, line	÷ 15	\$4,965.00			
58.	Part 4:	Total financial	assets, line 36	_	\$55.00			
59.	Part 5:	Total business	s-related property, line 45	_	\$0.00			
60.	Part 6:	Total farm- and	d fishing-related property,	line 52	\$0.00			
61.	Part 7:	Total other pro	operty not listed, line 54	+	\$0.00			
62.	Total p	personal proper	ty. Add lines 56 through 6	31	\$5,020.00	Copy personal property total	+	\$5,020.00
63	Total	of all property o	n Schedule A/R Add lin	o 55 ± lino 62				\$194 912 00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 16 of 57

Fill in this info	ormation to iden	tify your c	ase:				
Debtor 1	Adrienne		McAlliste	r			
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Ban	kruptcy Court for the	EASTERN	DIST. OF PENNS	YLV	ANIA	☐ Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C:	The Property	You Cla	im as Exemp	t		04	1/16
Using the property y space is needed, fil write your name and	you listed on Schedu. I out and attach to thi I case number (if kno	le A/B: Prope s page as ma wn).	rty (Official Form 106 any copies of Part 2	6A/B) 2: Ad	as your source, list the ditional Page as necessity	responsible for supplying correct informative property that you claim as exempt. If nessary. On the top of any additional page	nore
is to state a specifi exempted up to the receive certain ber exemption of 100%	ic dollar amount as e amount of any app nefits, and tax-exem o of fair market value	exempt. Alte blicable statu pt retirement e under a law	ernatively, you may tory limit. Some ex t fundsmay be unl v that limits the exe	clair emp imite mpti	n the full fair market tionssuch as those d in dollar amount. on to a particular dol	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the statutory amount.	
Part 1: Ider	ntify the Propert	y You Clai	m as Exempt				
1. Which set of e	exemptions are you	claiming?	Check one only,	even	if your spouse is filing	with you.	
	laiming state and fed laiming federal exem			11 U.	S.C. § 522(b)(3)		
2. For any prope	erty you list on Sche	dule A/B tha	t you claim as exen	npt, f	ill in the information	below.	
Brief description o Schedule A/B that	f the property and li lists this property	1	Current value of the portion you own Amount of the exemption you		ount of the mption you claim		
			Copy the value from Schedule A/B	Check only one box for each exemption			
Brief description:			\$189,892.00		\$18,427.00	11 U.S.C. § 522(d)(1)	
2305 Rhawn Stre	eet BOA FMV	-	\$103,032.00		100% of fair market value, up to any applicable statutory	11 0.0.0. § 322(4)(1)	
OWNED JOINTL' Line from Schedule	Y WITH MICHAEL A/B: 1.1	ROMAN			limit		
Brief description:	OODS	-	\$4,300.00	<u> </u>	\$4,300.00 100% of fair market	11 U.S.C. § 522(d)(3)	
Line from Schedule	A/B: 6				value, up to any applicable statutory limit		
(Subject to adj ✓ No		nd every 3 ye	ears after that for cas	es fil	ed on or after the date 215 days before you		

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 17 of 57

McAllister Debtor 1 Adrienne Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$440.00 \$440.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ **WEARING APPAREL** 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$225.00 11 U.S.C. § 522(d)(5) \$225.00 \mathbf{V} 12. Jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$55.00 \$55.00 11 U.S.C. § 522(d)(2) $\overline{\mathbf{Q}}$ **Checking account--Capital One** 100% of fair market (1st exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$55.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ Checking account--Capital One 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$0.00 \$0.00 11 U.S.C. § 522(d)(5) ablaPotential IRS Tax Refund--Tax refund to be 100% of fair market exemptible to maximum allowed under value, up to any Sec. 522(d)(5)--Estimated Refund \$0 applicable statutory limit Line from Schedule A/B: 28

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 18 of 57

Fill in this info	ormation to ider	atify your open				
Debtor 1	Adrienne First Name	Middle Name	McAllister Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	e: EASTERN DIS	T. OF PENNSYLVAN	IIA		
Case number (if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors W	ho Have Cla	ims Secured by	/ Property		12/15
On the top of any a 1. Do any credit □ No. Chec □ Yes. Fill	additional pages, w	rite your name and cured by your prop nit this form to the co on below.	Additional Page, fill it dicase number (if know perty? Ourt with your other school	vn).		
claim, list the c	ed claims. If a credicreditor separately for particular claim, list tible, list the claims in e.	r each claim. If mo	re than one n Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that	\$171,465.00	\$170,000.00	\$1,465.00
CHASE HOME F Creditor's name	INANCE		'N ST, PHILA, PA			
BANKRUPTCY I	DEPT					
3415 VISION DR	IVE	As of the date	e you file, the claim is:	Check all that apply.		
COLUMBUS	OH 43219	Unliquida				
City Who owes the deb	State ZIP Code ot? Check one.	Disputed	Chook all that apply			
Debtor 1 only			 Check all that apply. ment you made (such as 	s mortgage or secured	car loan)	
Debtor 2 only Debtor 1 and D	ebtor 2 only	_	lien (such as tax lien, m	echanic's lien)		
	the debtors and anot	hor —	t lien from a lawsuit cluding a right to offset)			
Check if this c to a communit		_ `				
Date debt was inc	urred	Last 4 digits	of account number	7 6 2 7		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$171,465.00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 19 of 57

Debtor 1	Adrienne		McAllister	_ Case number (if	known)						
	First Name	Middle Nar	me Last Name								
Part 1:		_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any					
2.2			Describe the property that secures the claim: \$59,000.00 \$59,000.00								
Creditor's nam	OME FINANO PTCY DEPT	<u>E</u>	2305 RHAWN ST, PHILA, PA								
Number Street 3415 VISION DRIVE			-								
COLUMBUS OH 43219 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt			As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage arrears								
Date debt v	vas incurred	Various	Last 4 digits of account number	7 6 2 7							
Creditor's nam Major Tax Number St	Unit/Bankru		Describe the property that secures the claim: 2305 RHAWN ST, PHILA, PA	\$400.00	\$170,000.00						
Philadelph City Who owes Debtor Debtor At least Check	State the debt? Ch 1 only 2 only 1 and Debtor 2	19102 ZIP Code eck one. only otors and another	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Water/Sewer Taxes	mortgage or secured	car loan)						
Date debt v	vas incurred		Last 4 digits of account number	5 0 0 1							

Add the dollar value of your entries in Column A on this page. Write that number here:

\$59,400.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$230,865.00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 20 of 57

Fill in this inf	ormation to id	lentify your c	ase:			
Debtor 1	Adrienne First Name	Middle Name	McAllister Last Name	-		
	riist Name	wilddie Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-		
United States Ba	nkruptcy Court for	the: EASTERN	DIST. OF PENNSYLVANIA	-		
Case number (if known)					Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditor	s Who Have	e Unsecured Claims			12/15
If more space is n to this page. On t	eeded, copy the the top of any add	Part you need, fi ditional pages, w	claims that are listed in Schedu ill it out, number the entries in the rite your name and case number secured Claims	e boxes on the left. A		, , ,
1. Do any credi	tors have priority	unsecured clair	ns against you?			
☐ No. Go t ✓ Yes.	to Part 2.					
claim. For ea show both prid more space is	ch claim listed, ide ority and nonpriori	entify what type of ty amounts. As m ty unsecured clair	creditor has more than one priority f claim it is. If a claim has both prionuch as possible, list the claims in ms, fill out the Continuation Page o	ority and nonpriority am alphabetical order acco	ounts, list that clai ording to the credite	m here and or's name. If
(For an explai	nation of each type	e of claim, see the	e instructions for this form in the in-	struction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1				\$4,500.00	\$4,500.00	\$0.00
Cibik and Catalo			Last 4 digits of account numbe	<u> </u>		
Priority Creditor's Nam 225 S. 15th Stre			When was the debt incurred?	09/01/2009		
Number Street Suite 1635			When was the dest mounted.	03/01/2003		
-	\ 10102		As of the date you file, the clair Contingent	n is: Check all that app	oly.	
Philadelphia, PA	4 19102		Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the	debt? Check of	ne.	Type of PRIORITY unsecured c	laim:		
Debtor 1 only Debtor 2 only			Domestic support obligations		ont.	
Debtor 1 and D			Taxes and certain other debt		lent	
느	the debtors and a		intoxicated			
_	claim is for a com	munity debt	Other. Specify	20		
Is the claim subje	ct to onset?		Attorney fees for this car	S U		
✓ No Yes						

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 21 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)	
	First Name	Middle Name	Last Name		
	-				
Part 2:	List All of	our NONPRIORI	TY Unsecured Claims		
3. Do a	nv creditors have	nonpriority unsecure	d claims against you?		
	-			ourt with your other schedules.	
	Yes	ing to report in the par	a. Cubiliti and form to allo oc	art man your outer concurred.	
			. In the state to deal and an	of the annual transition had been also been	
		•	•	of the creditor who holds each claim. r separately for each claim. For each claim lis	ted identify what
				in one creditor holds a particular claim, list the	•
Part :	3. If more space is	needed for nonpriority	unsecured claims, fill out th	e Continuation Page of Part 2.	
					Total alaim
					Total claim
4.1					Unknown
AMERIC	AN HONDA FINA	NCE	Last 4 digits of accoun	t number 3 8 4 0	
Nonpriority (Creditor's Name		When was the debt inc		
Number Number	168088? Street		As of the date you file,	the claim is: Check all that apply.	
			_ Contingent	11.7	
			Unliquidated		
IRVING	7	TX 75016-8088	Disputed		
City Who incu		State ZIP Code Check one.	Type of NONPRIORITY	unsecured claim:	
	or 1 only	Sheck one.	Student loans		
	or 2 only		that you did not repo	out of a separation agreement or divorce	
□	or 1 and Debtor 2 on	•	·	profit-sharing plans, and other similar debts	
ш	ist one of the debtor		Other. Specify		
_		r a community debt	CaR DEFICIENCY	(
	im subject to offse	t?			
✓ No ☐ Yes					
2004 odd	dessey				
4.2	-				
لــــا	141.		l and A dimita of accoun	4 manushan	\$50.00
Aria heal	Ith Creditor's Name		_ Last 4 digits of accoun		
po box 8	3500-6395		When was the debt inc		
Number	Street		As of the date you file, Contingent	the claim is: Check all that apply.	
			Unliquidated		
philadelp	nhia E	PA 19178	Disputed		
City		State ZIP Code	Type of NONPRIORITY	unsecured claim:	
		Check one.	☐ Student loans		
	or 1 only or 2 only		Obligations arising of	out of a separation agreement or divorce	
	or 1 and Debtor 2 on	ıly	that you did not repo		
_	ist one of the debtor	•	Debts to pension or Other. Specify	profit-sharing plans, and other similar debts	
_	k if this claim is fo	r a community debt	Medical Expense	s	
_	im subject to offse		,		
☑ No					
☐ Yes					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 22 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)		
	First Name	Middle Name	Last Name	· · · · · ·		
	_					
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Continu	ation Page		
After listin	g any entries o	n this page, number the	em sequentially from the			
previous p					Total claim	
4.3	-				*	
					\$830.00	
	nancial Servic reditor's Name	es LLC	Last 4 digits of account	 		
	Toughy Avenu	ie	When was the debt inco	urred?		
Number	Street		As of the date you file,	the claim is: Check all that apply.		
			Disputed			
Niles		IL 60714				
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY	unsecured claim:		
□ Debtor		Check one.	Student loans			
ш	2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 			
☐ Debtor	1 and Debtor 2	only				
At leas	t one of the deb	tors and another	Other. Specify			
☐ Check	if this claim is	for a community debt	Collection Agency			
Is the clair	n subject to off	set?	_			
☑ No						
Yes						
4.4					\$433.00	
ARS/Acc	ount Resolutio	on Specialist	Last 4 digits of account	t number 9 8 6 0	·	
	reditor's Name	•	When was the debt inco	urred?		
PO Box 4	Street		As of the date you file.	the claim is: Check all that apply.		
	0001		☐ Contingent			
			Unliquidated			
Sunrise		FL 33345	Disputed			
City		State ZIP Code	Type of NONPRIORITY	unsecured claim:		
Who incur	red the debt?	Check one.	☐ Student loans			
ш	1 only			out of a separation agreement or divorce		
= 5.1	2 only	only	that you did not repo	ort as priority claims		
	1 and Debtor 2	tors and another		profit-sharing plans, and other similar debts		
ш		for a community debt	Other. Specify			
_	n subject to off	_	Unknown Loan T	уре		
✓ No	ii subject to on	3Cl:				
Yes Tes						
_	Creditor Name	: EMERG CARE SER	RV OF PA P C			
Collectio			-			

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 23 of 57

Debtor 1	Adrienne		McAllister Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NONF	RIORITY Unsecui	red Claims Continuation Page	
After listin	g any entries on t	his page, number the	m sequentially from the	
previous p	page.			Total claim
4.5				\$119.42
LLLU ∆shlav Fı	unding Services	LLC its successo	Last 4 digits of account number	φ119.42
	reditor's Name	LLO II3 SUCCESSO	When was the debt incurred?	
	as assignee of L Street	aboratory Corp	As of the date you file, the claim is: Check all that apply.	
Number of Americ	ca Holdings		_ ☐ Contingent	
	nt Capital Servic	AS	Unliquidated	
rtoou. go.	n ouplia ou vio		Disputed	
City	S	tate ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	check one.	Student loans	
Debtor	•		Obligations arising out of a separation agreement or divorce	
느 ~~~~	· 2 only · 1 and Debtor 2 on	lv	that you did not report as priority claims	
_	st one of the debtor	•	Debts to pension or profit-sharing plans, and other similar debts	
_		a community debt	✓ Other. Specify Credit Card	
_	m subject to offse		ordan dara	
✓ No		•		
Yes				
4.6				
4.6				\$294.00
Capital O	reditor's Name		_ Last 4 digits of account number _ 5 _ 7 _ 2 _ 6	
PO Box 3			When was the debt incurred? 11/2015	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			□ Disputed	
Salt Lake		JT 84130		
City Who incur		tate ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor			Student loans Obligations origing out of a consention agreement or diverse	
Debtor	· 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	1 and Debtor 2 on	•	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the debtor		Other. Specify	
☐ Check	if this claim is for	a community debt	Credit Card	
	m subject to offse	1?		
✓ No				
☐ Yes				

Current Account

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 24 of 57

Debtor 1	Adrienne			McAllister	Case number (if kno	wn)	
	First Name		Middle Name	Last Name			
Part 2:	Your NO	NPRIO	RITY Unsecu	red Claims Continu	ation Page		
After listin	•	on this p	age, number the	em sequentially from the			Total claim
4.7	9						\$600.00
club of ta				Last 4 digits of account	t number	_	
Nonpriority C	Creditor's Name			When was the debt inc	urred?		
Number	Street			As of the date you file,	the claim is: Check all that a	ipply.	
				Contingent Unliquidated			
				Disputed			
City		State	ZIP Code	_			
•	red the debt?	Check		Type of NONPRIORITY	unsecured claim:		
☐ Debto	r 1 only			☐ Student loans ☐ Obligations arising of	out of a separation agreement	or divorce	
=	r 2 only			that you did not repo	. •	o. a.vo.oo	
_	r 1 and Debtor 2 st one of the del	•	Lanother		profit-sharing plans, and othe	r similar debts	
ш	if this claim is				ırchaeoe		
	m subject to of		,	Miscellatieous pu	ii Ciiases		
☑ No							
☐ Yes							
4.8							\$785.25
collection	n co of ameri	na n		Last 4 digits of accoun	t number 9 4 6 5	•	φ/03.23
Nonpriority C	Creditor's Name	<u> </u>		When was the debt inc		<u>-</u>	
700 long	water drive Street			_	the claim is: Check all that a	nnly	
	Olicci			_ ☐ Contingent	and diaminor of look air triat a	.PP1).	
				Unliquidated			
norwell		MA	02061	Disputed			
City		State	ZIP Code	Type of NONPRIORITY	unsecured claim:		
	red the debt?	Check	one.	☐ Student loans			
ш	r 2 only				out of a separation agreement	or divorce	
Debto	r 1 and Debtor 2	-		that you did not repo	ort as priority claims profit-sharing plans, and othe	r similar debts	
	st one of the del			Other. Specify	prom onamig plane, and outo	r ommar dobto	
	if this claim is		mmunity debt	Sprint/ us manag	ement inc		
	m subject to of	fset?					
✓ No ☐ Yes							
4.9							\$102.70
	MOVIE CLUB			Last 4 digits of account	t number <u>2 8 8 1</u>	<u> </u>	
PO BOX	Creditor's Name			When was the debt inc	urred?		
Number	Street			As of the date you file,	the claim is: Check all that a	ipply.	
				Disputed			
NEENAH City		WI State	54957-0758 ZIP Code				
-	red the debt?	Check		Type of NONPRIORITY	unsecured claim:		
ш	r 1 only			☐ Student loans ☐ Obligations arising o	out of a separation agreement	or divorce	
—	r 2 only r 1 and Debtor 2	only		that you did not repo	ort as priority claims		
_	st one of the del	-	l another	브 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	profit-sharing plans, and othe	r similar debts	
ш	if this claim is			Other. Specify Credit Card			
ш	m subject to of		,	Orcait Oard			
✓ No		•					
Yes							

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 25 of 57

Debtor 1	Adrienne		McAllister Case number (if known)	
	First Name	Middle Name	Last Name	
	-			
Part 2:	Your NON	PRIORITY Unsecu	ured Claims Continuation Page	
After listin	ng any entries on	this page, number the	em sequentially from the	Total alaim
previous	page.			Total claim
4.10				\$667.78
first nation	onal		Last 4 digits of account number 2 0 3 4	
Nonpriority C	Creditor's Name		When was the debt incurred?	
C/O mcm Number	Street		As of the date you file, the claim is: Check all that apply.	
dept 21	Sileet		Contingent	
po box 6	U3		Unliquidated	
	03		Disputed	
Oaks City		PA 19456 State ZIP Code		
•	rred the debt?	Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debto	r 1 only		Student loans Obligations origing out of a congretion agreement or diverse	
Debto	r 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	r 1 and Debtor 2 c	•	Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the debto	ors and another	Other. Specify	
☐ Check	c if this claim is f	or a community debt	Credit Card	
Is the clai	m subject to offs	et?		
☑ No				
☐ Yes				
4.11				#450.00
			Last 4 Balta of account must be a Resident Control of the Control	\$459.00
	mier Bank Creditor's Name		Last 4 digits of account number 0 0 7 9	
P.O. Box			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Sioux Fa	lls	SD 57117	Disputed	
City	141 1140	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans	
브 ~	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2 c	nlv	that you did not report as priority claims	
	st one of the debte	•	Debts to pension or profit-sharing plans, and other similar debts	
_		or a community debt	✓ Other. Specify Credit Card	
	m subject to offs		Oreun Garu	
✓ No	300,000 10 0113			
Yes				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 26 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)		
	First Name	Middle Name	Last Name			
Part 2:	Your NON	PRIORITY Unsecu	red Claims Contin	uation Page		
After listin			em sequentially from the			
previous p	•	i uns page, number une	an sequentially from the		Total claim	
4.12					* C40.00	
	mier Bank		Last 4 digits of accour	nt number 7 9 1 5	\$640.00	
	Creditor's Name		When was the debt inc			
Number	nneapolis Ave Street			, the claim is: Check all that apply.		
			_ Contingent	, εταιτικά ετισεία επι ετισε εμγινή		
			Unliquidated			
Sioux Fa	lls	SD 57104	Disputed			
City Who incur	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY	Y unsecured claim:		
	r 1 only	Officer offic.	Student loans Obligations arising	out of a separation agreement or divorce		
	r 2 only			ort as priority claims		
_	r 1 and Debtor 2 o st one of the debto	•	·	r profit-sharing plans, and other similar debts		
ш		or a community debt	✓ Other. Specify Credit Card			
ш	m subject to offs	-	Credit Card			
☑ No	•					
Yes						
Current A	Account					
4.13					\$25.00	
	leemer Hospita Creditor's Name	ıl	Last 4 digits of accoun	nt number <u>6</u> <u>5</u> <u>4</u> <u>0</u>		
	ntington Pike		When was the debt inc			
Number	Street			, the claim is: Check all that apply.		
Meadowl	hrook	PA 19046	Disputed			
City	biook	State ZIP Code	Type of NONPRIORITY	Y unsecured claim:		
	rred the debt?	Check one.	Student loans			
ш	r 1 only r 2 only			out of a separation agreement or divorce		
Debtor	r 1 and Debtor 2 o	•		ort as priority claims r profit-sharing plans, and other similar debts		
_	st one of the debte		Other. Specify	, , , , , , , , , , , , , , , , , , , ,		
ш		or a community debt	Medical Expense	es		
Is the clair	m subject to offs	et?				
Yes						

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 27 of 57

Debtor 1	Adrienne		McAllister Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin	•	on this page, number the	em sequentially from the	Total claim
4.14				\$50.00
Holy Red	leemer Hospit	tal	Last 4 digits of account number 1 6 8 9	Ψ30.00
Nonpriority C	Creditor's Name		When was the debt incurred?	
Number	ntington Pike Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Meadowl	brook	PA 19046	Disputed	
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Officer offic.	Student loans	
Debtor	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
=	r 1 and Debtor 2		Debts to pension or profit-sharing plans, and other similar debts	
ш		otors and another	✓ Other. Specify	
–		for a community debt	Medical Expenses	
	m subject to of	fset?		
✓ No ☐ Yes				
4.15				\$50.00
	leemer Hospit	al	Last 4 digits of account number5897_	
	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
			— ☐ Disputed	
Meadowk City	brook	PA 19046 State ZIP Code		
	red the debt?	Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
- .	r 2 only	anh	that you did not report as priority claims	
	r 1 and Debtor 2 st one of the deb	offig otors and another	Debts to pension or profit-sharing plans, and other similar debts	
_		for a community debt	✓ Other. Specify Medical Expenses	
	m subject to of		Medical Expenses	
☑ No	•			
Yes				
4.16				¢50.00
	leemer Hospit	·al	Last 4 digits of account number 8 1 9 3	\$50.00
	Creditor's Name	.aı	Last 4 digits of account number 8 1 9 3 When was the debt incurred?	
	ntington Pike		As of the date you file, the claim is: Check all that apply.	
Number	Street		Contingent	
			Unliquidated	
Meadowl	brook	PA 19046	Disputed	
City	brook	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	☐ Student loans	
ш	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	t if this claim is	for a community debt	Medical Expenses	
	m subject to of	fset?		
✓ No				
☐ Yes				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 28 of 57

Debtor 1 Adrienne	McAllister Case number (if known)	
First Name Middle Na	me Last Name	
Part 2: Your NONPRIORITY U	nsecured Claims Continuation Page	
After listing any entries on this page, num previous page.	nber them sequentially from the	Total claim
4.17		\$35.00
Holy Redeemer Hospital	Last 4 digits of account number 7 7 6 2	
Nonpriority Creditor's Name	When was the debt incurred?	
1648 Huntington Pike Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Meadowbrook PA 19046		
City State ZIP Cod Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community	Medical Expenses	
Is the claim subject to offset? No		
✓ No ☐ Yes		
4.18		\$100.00
Holy Redeemer Hospital	Last 4 digits of account number 0 3 8 7	
Nonpriority Creditor's Name 1648 Huntington Pike	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
MeadowbrookPA19046CityStateZIP Cod		
Who incurred the debt? Check one.	Type of NONFRIORITT unsecured claim.	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community	Other. Specify debt Medical Expenses	
Is the claim subject to offset?	medical Expenses	
✓ No		
Yes		
4.19		\$174.13
JONATHAN NEIL &ASSOCIATES, INC	Last 4 digits of account number 1 3 6 8	Ψ174.13
Nonpriority Creditor's Name	When was the debt incurred?	
131-A STONY CIRCLE SUITE 500 Number Street	As of the date you file, the claim is: Check all that apply.	
- Street	Contingent	
	Unliquidated	
SANTA ROSA CA 95401	Disputed	
City State ZIP Cod	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community		
Is the claim subject to offset?		
✓ No Yes		

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 29 of 57

Debtor 1	Adrienne		McAllister Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin	• •	n this page, number the	m sequentially from the	Total claim
4.20				\$374.00
LVNV Fu	ndina		Last 4 digits of account number 6 4 4 2	\$374.00
	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
Greenvill City	le	State ZIP Code	Type of NONDRIGHTY ungequired claims	
•	red the debt?	Check one.	Type of NONPRIORITY unsecured claim: Student loans	
브 ~	r 1 only		Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
_	st one of the deb	•	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	t if this claim is	for a community debt	Credit Card	
	m subject to off	set?		
✓ No ☐ Yes				
4.21				\$695.00
Nonpriority C	nding Creditor's Name		Last 4 digits of account number 6 4 2 3	
PO box 1	0497		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply. — Contingent	
			Unliquidated	
Greenvill	le	SC 29603-0584	─	
City	red the debt?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	r 1 only	Check one.	Student loans	
Debtor	r 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	r 1 and Debtor 2 st one of the deb	•	☐ Debts to pension or profit-sharing plans, and other similar debts	
_		for a community debt		
	m subject to off		Oreun Caru	
☑ No				
Yes				
4.22				\$502.00
LVNV Fu			Last 4 digits of account number 2 5 1 0	
PO box 1	Creditor's Name 0497		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
Greenvill		SC 29603-0584	Disputed	
City	ie	SC 29603-0584 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
Debtor	r 1 and Debtor 2		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the deb		☑ Other. Specify	
_		for a community debt	Credit Card	
Is the clair	m subject to off	Set?		
Yes				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 30 of 57

Debtor 1	Adrienne		McAllister Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Continuation Page	
After listin		n this page, number th	em sequentially from the	Total claim
4.23				\$0.00
	Weisberg & C	onway	Last 4 digits of account number 0 2 2 3	Ψ0.00
Nonpriority C	Creditor's Name		When was the debt incurred?	
Number	h Broad Stree Street	<u> </u>	As of the date you file, the claim is: Check all that apply.	
Suite 140			Contingent	
			Unliquidated	
Philadelp	hia	PA 19109	Disputed	
City	الأعلمان عامله الممس	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? r 1 only	Check one.	☐ Student loans	
ш	r 2 only		Obligations arising out of a separation agreement or divorce	
Debtor	r 1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	ors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Chase	
	m subject to off	set?		
✓ No ☐ Yes				
4.24				\$669.02
	Credit Manage	ment	Last 4 digits of account number	
Nonpriority C	Creditor's Name O Drive		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
San Dieg	0	CA 92123-2251	—	
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Chook one.	Student loans Obligations crising out of a congretion agreement or diverse	
_	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
二	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the deb		Other. Specify	
		for a community debt	Credit Card	
No No	m subject to off	set?		
Yes				
4.05				
4.25				\$163.00
	ancial Systems Creditor's Name	8	Last 4 digits of account number	
	ential Road		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated	
		D4 40044 0000	Disputed	
Horsham City	1	PA 19044-2308 State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	Check one.	Student loans	
ш	r 1 only		Obligations arising out of a separation agreement or divorce	
\sqsubseteq	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
	st one of the deb	•	Debts to pension or profit-sharing plans, and other similar debts	
ш		for a community debt		
ш	m subject to off	•	C. Suit Gui u	
✓ No				
Yes				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 31 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	red Claims Continuatio	n Page	
After listin	•	this page, number the	em sequentially from the		Total claim
4.26					\$6,679.00
Philadelp	hia FCU		Last 4 digits of account nun	nber <u>4 2 2 1</u>	
Nonpriority C	Creditor's Name		When was the debt incurred		
12800 10 Number	wnsend Road Street		As of the date you file, the c	laim is: Check all that apply.	
			_ Contingent	, , , , , , , , , , , , , , , , , , , ,	
			Unliquidated		
Philadelp		PA 19154	Disputed		
City		State ZIP Code	Type of NONPRIORITY unse	ecured claim:	
		Check one.	Student loans		
느 ~	r 1 only r 2 only			a separation agreement or divorce	
	r 1 and Debtor 2 o	nly	that you did not report as		
_	st one of the debto	•		s-sharing plans, and other similar debts	
Check	if this claim is fo	or a community debt	Loan		
Is the clair	m subject to offs	et?			
☑ No					
Yes					
4.27					¢100.00
Philadelp	shia ECII		Last 4 digits of account nun	nher 1 2 2 1	\$100.00
	Creditor's Name		When was the debt incurred		
K .	wnsend Road		_	·	
Number	Street		As of the date you file, the cContingent	статт is: Спеск ан тпат арргу.	
			Unliquidated		
Dhile de la	.h.i.a	DA 40454	Disputed		
Philadelp City		PA 19154 State ZIP Code	Type of NONPRIORITY unse	acured claim:	
	red the debt?	Check one.	Student loans	ecureu ciaiiri.	
	r 1 only		—	a separation agreement or divorce	
- .	r 2 only r 1 and Debtor 2 o	nlv	that you did not report as	priority claims	
	st one of the debto	•		s-sharing plans, and other similar debts	
		or a community debt	Other. Specify Overdraft		
	m subject to offs		Overdrait		
✓ No					
Yes					
4.28					00 770 54
	. l. ! O W l		Look & dimito of account more		\$3,773.51
	hia Gas Works Creditor's Name		Last 4 digits of account nun		
800 W M	ontgomery A		When was the debt incurred		
Number	Street		As of the date you file, the c	claim is: Check all that apply.	
			Disputed		
PHILA City		PA 19122-2806 State ZIP Code	Type of NONDBRODITY	coursed alaims	
		Check one.	Type of NONPRIORITY unse	ecured ciaim:	
ш	r 1 only		☐ Student loans ☐ Obligations arising out of	a separation agreement or divorce	
\sqsubseteq	r 2 only	- I	that you did not report as	•	
二	r 1 and Debtor 2 o st one of the debto	•		sharing plans, and other similar debts	
_ ~		or a community debt	Other. Specify		
ш	m subject to offs	-	Utilities		
✓ No	m subject to oils	ot:			
Yes					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 32 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NONP	RIORITY Unsecu	red Claims Continua	tion Page	
After listin	• •	his page, number the	em sequentially from the		Total claim
4.29					\$125.29
Pinnacle			Last 4 digits of account i	number O O O O	
Nonpriority C Suite 410	Creditor's Name		When was the debt incur	red?	
Number	Street		As of the date you file, the	ne claim is: Check all that apply.	
7825 Was	shington Avenue	· S.	_ Contingent		
			Unliquidated Disputed		
Minneap	olis N	IN 55439	Disputed		
City		ate ZIP Code	Type of NONPRIORITY u	nsecured claim:	
	red the debt? C r 1 only	heck one.	☐ Student loans		
ш	r 2 only			t of a separation agreement or divorce	
	r 1 and Debtor 2 onl	у	that you did not report	as priority claims rofit-sharing plans, and other similar debts	
	st one of the debtors	and another	Other. Specify	ont-sharing plans, and other similar debts	
☐ Check	if this claim is for	a community debt	Credit Card		
Is the clair	m subject to offset	?			
☑ No					
Yes					
4.30					\$4.044.00
			Last 4 digits of account a	aumhar	\$1,314.00
Nonpriority C	reditor's Name		Last 4 digits of account i		
			When was the debt incur		
Number	Street			ne claim is: Check all that apply.	
			— ☐ Disputed		
City		ate ZIP Code			
		heck one.	Type of NONPRIORITY u	nsecured claim:	
☐ Debtor	r 1 only		Student loans Obligations arising out	t of a separation agreement or divorce	
	r 2 only		that you did not report	. •	
二	r 1 and Debtor 2 onl	•	•	rofit-sharing plans, and other similar debts	
	st one of the debtors		Other. Specify		
		a community debt	Unknown		
	m subject to offset	?			
✓ No ☐ Yes					
4.31					\$818.52
	de Asset Purchas	sing, LLC	Last 4 digits of account i	number	
	Creditor's Name Asset Managem	ont Inc	When was the debt incur	red?	
Number	Street	ent, me	As of the date you file, th	ne claim is: Check all that apply.	
P. O. Box	105698		_ Contingent		
			Unliquidated		
Atlanta	G	A 30348	Disputed		
City	S	tate ZIP Code	Type of NONPRIORITY u	nsecured claim:	
		heck one.	Student loans		
ш	r 1 only r 2 only			t of a separation agreement or divorce	
ш	r 1 and Debtor 2 onl	У	that you did not report		
	st one of the debtors	•	□ 0.0 · · · · · · · · · · · · · · · · · ·	rofit-sharing plans, and other similar debts	
—	if this claim is for	a community debt	Credit Card		
	m subject to offset	_	-: Jan		
✓ No					
Yes					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 33 of 57

Debtor 1	Adrienne			McAllister	Case number (if known)		
	First Name	N	liddle Name	Last Name			
Part 3: List Others to Be Notified About a Debt That You Already Listed					y Listed		
For ex credite debts	cample, if a colle or in Parts 1 or 2	ection ag 2, then li n Parts	gency is trying t ist the collectio 1 or 2, list the a	to collect from you for a debt you n agency here. Similarly, if you h dditional creditors here. If you do	a debt that you already listed in Parts 1 or 2. owe to someone else, list the original ave more than one creditor for any of the o not have additional parties to be notified for		
Ar Recou	rces INC			On which entry in Part 1 or	Part 2 did you list the original creditor?		
Name 177 Sentr	y Pkwy W			Line of (Check one).	Part 1: Creditors with Priority Unsecured Claims		
Number	Street			Holy redeemer	Part 2: Creditors with Nonpriority Unsecured Claims		
				— Last 4 digits of account number			
Blue Bell		PA	19422				
City		State	ZIP Code				
Grimley F	inancial			On which entry in Part 1 or	Part 2 did you list the original creditor?		
Name	ngton Avenue	Suita C	·-e	 Line of (Check one).	Part 1: Creditors with Priority Unsecured Claims		
Number	Street	Suite C	0	Holy redeemer	Part 2: Creditors with Nonpriority Unsecured Claims		
	old.	NJ	08033	—— Last 4 digits of account num	nber		
Haddonfie City	eiu	State	ZIP Code				
	WEISBERG,ES	QUIRE		On which entry in Part 1 or	Part 2 did you list the original creditor?		
Name 123 S BR	OAD STREET			Line of (Check one).	Part 1: Creditors with Priority Unsecured Claims		
	Street			JPMC SPECIALTY MORTGAGE	Part 2: Creditors with Nonpriority Unsecured Claims		
				Last 4 digits of account nun	nber 0 2 2 3		
PHILADE	LPHIA	PA	19109				
City		State	ZIP Code				

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 34 of 57

Debtor 1	Adrienne		McAllister	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$4,500.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$4,500.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$20,678.62
	6j.	Total. Add lines 6f through 6i.	6j.	\$20,678.62

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 35 of 57

Fill in this information to identify your case:					
Debtor 1	Adrienne		McAllister		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA					
Case number					Check if this is an
(if known)					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 36 of 57

Fill in this in	formation to i	dentify your case:		
Debtor 1	Adrienne		McAllister	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVANIA	<u> </u>
Case number (if known)				Check if this is an amended filing
Official Form	106H			
Schedule H	: Your Cod	ebtors		12/1
page. On the top	_	al Pages, write your na		s on the left. Attach the Additional Page to this known). Answer every question. spouse as a codebtor.)
2. Within the la include Arizon No. Go	na, California, Ida to line 3.	ho, Louisiana, Nevada,		ritory? (Community property states and territories of Texas, Washington, and Wisconsin.)
☐ No		imei spouse, oi legal ed	quivalent live with you at ti	ie unie:
person show creditor on S	vn in line 2 again Schedule D (Offic	as a codebtor only if	that person is a guaranto dule E/F (Official Form 1	debtor if your spouse is filing with you. List the or or cosigner. Make sure you have listed the 06E/F), or <i>Schedule G</i> (Official Form 106G). Use
Column 1.	: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1 MICHAE	L ROMAN			- ☑ Schedule D, line
2305 RH Number	AWN STREET Street			Schedule E/F, line
	Oueer			Schedule G, line
PHILADE	ELPHIA	PA	19152	CHASE HOME FINANCE
City		State	ZIP Code	-

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 37 of 57

G	ill in this informa	tion to identify	your case:							
	Debtor 1	Adrienne		McAlliste	er					
	F	irst Name	Middle Name	Last Name			Che	eck if this is:		
	Debtor 2 (Spouse, if filing) F	rirst Name	Middle Name	Last Name			$- \Box $	An amended filing		
	United States Bankrup			IST. OF PENNS	Ί VΔΙ	NIA		A supplement showing	ng postpet	ition
	Case number	toy Court for the.					_	chapter 13 income a	s of the fol	llowing date:
	(if known)				_			MM / DD / YYYY		
0	fficial Form 106	<u></u>								
S	chedule I: You	Income								12/15
res inc abo you	as complete and accompossible for supplying the information about your spouse. If mur name and case number 1: Describe	g correct informa ut your spouse. I ore space is need	ation. If you are f you are separ ded, attach a se Answer every c	e married and not ated and your spo eparate sheet to th	filing j ouse is	jointly, a s not fili	and your : ng with y	spouse is living with ou, do not include in	you, formation	1
1.	Fill in your employn	nent		511				D		
	If you have more that			Debtor 1				Debtor 2 or non-fi	ing spous	se
	job, attach a separate with information about	- 13-	yment status	☐ Employed✓ Not employed	ed			☐ Employed ☐ Not employed		
	additional employers	Occup	ation	Unemployed						
	Include part-time, sea or self-employed wor	asonal,	yer's name							
	Occupation may inclustudent or homemake applies.	Lilipio	yer's address	Number Street				Number Street		
				City		State Z	ip Code	City	State	Zip Code
		How Io	ng employed t	here?						_
	art 2: Give Det	ails About Mo	nthly Incom	Δ.						
	timate monthly incom				ina to	report fo	or any line	write \$0 in the space	Include	vour
	n-filing spouse unless y		ou me mis ion	ii. II you nave nou	ing to	report it	n arry iirie	s, write so in the space	. Include	youi
-	ou or your non-filing sp u need more space, atta			er, combine the info	ormatio	on for al	employe	rs for that person on th	ne lines be	elow. If
						For Del	otor 1	For Debtor 2 or non-filing spous	<u>e</u>	
2.	List monthly gross payroll deductions). would be.				2.		\$0.00			
3.	Estimate and list mo	onthly overtime p	ay.		3. +		\$0.00			
4.	Calculate gross inc	ome. Add line 2 -	line 3.		4.		\$0.00]	

Official Form 106l Schedule I: Your Income page 1

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 38 of 57

Deb	tor 1	Adrienne McAllister		Case nu	ımbe	er (if known) _			
		First Name Middle Name Last Name		For Debtor 1		For Debtor 2 or non-filing spou			
	Con	oy line 4 here →	4.	\$0.00					
5.		all payroll deductions:	٦.	Ψ0.00		=	_		
J.		Tax, Medicare, and Social Security deductions	5a.	\$0.00					
		Mandatory contributions for retirement plans	5b.	\$0.00			_		
		Voluntary contributions for retirement plans	5c.	\$0.00			_		
		Required repayments of retirement fund loans	5d.	\$0.00			_		
		Insurance	5e.	\$0.00			_		
	5f.	Domestic support obligations	5f.	\$0.00			_		
		Union dues	5g.	\$0.00			_		
	5h.	Other deductions.	Ü				_		
		Specify:	5h.	÷ <u>\$0.00</u>			_		
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00			_		
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00			_		
8.	List	all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			_		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00			_		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			_		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00					
	8e.	Social Security	8e.	\$0.00			_		
	8f.	Other government assistance that you regularly receive							
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00			_		
	8g.	Pension or retirement income	8g.	\$0.00					
	8h.	Other monthly income.					_		
		Specify: Michael RomanChildrens Father	8h.	\$5,450.00			_		
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$5,450.00					
10.	Calc Add	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,450.00]+[_]=		\$5,450.00
11.	Inclu frien	te all other regular contributions to the expenses that you list in S ude contributions from an unmarried partner, members of your housely nds or relatives. not include any amounts already included in lines 2-10 or amounts that	nold, y	our dependents, yo					ı
	D0 1	to moduce any amounts and any included in lines 2 10 of amounts the	at arc i	iot available to pay	CXP			uuic o	
	Spe	cify:				11	. +	_	\$0.00
12.	hhΑ	I the amount in the last column of line 10 to the amount in line 11.	The	esult is the combin	ed r	monthly 12	,		\$5,450.00
		ome. Write that amount on the Summary of Your Assets and Liabilities					•		_
	if it a	applies.							bined thly income
13	Dov	you expect an increase or decrease within the year after you file t	his fo	rm?					,
	₩ ₩	No. None.		· •					
		Yes. Explain:							
	_	. 55. <u>2. piani.</u>							

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 39 of 57

F	III in this information to identify your case:							ck if this	vie:	
	Debtor 1	Adrienne			McAl	lister			ended filing	
		First Name		Middle Name	Last Na	ame			lement showing	
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	amo	.		r 13 expenses a ng date:	s of the
										<u></u>
		ruptcy Court to	or the:	EASTERN DIST	. OF PEN	NSYLVANIA	.	MM / D	D / YYYY	
	Case number (if known)									
Of	fficial Form 10	06J								
Sc	chedule J: Y	our Expe	nses	6						12/15
cor	rrect information. me and case numb	If more space	is ned Ansv	eded, attach anothower every question	er sheet to	ling together, both a this form. On the to				
1.	Is this a joint cas									
	✓ No. Go to lin Yes. Does I No.	ne 2. Debtor 2 live i o es. Debtor 2 m				s for Separate House	ehold o	f Debtor	2.	
2.	Do you have dep			No Fill out this in	formation	Dependent's relationship to Debtor 1 or Debtor 2		p to	Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	rnd Yes. Fill out this information for each dependent						age	live with you?
	Debiol 2.					Daughter			12	□ No - □ Yes
	Do not state the onames.	ot state the dependents' es.				Son	Son		10	No Yes
						Daughter			5	No Yes
						Daughter			8	□ No - □ Yes
						Daughter			3	□ No - ☑ Yes
3.	Do your expense expenses of peo yourself and you	ple other than		✓ No ☐ Yes						
P	art 2: Estim	ate Your O	ngoii	ng Monthly Exp	enses					
to ı		s of a date afte	er the		-	are using this form a a supplemental Sch			•	
				government assis Schedule I: Your I		u know the value of icial Form 106l.)			Your expens	ses
4.				nses for your resid					4	\$1,395.00
	If not included in	line 4:								
	4a. Real estate	taxes							4a	
	4b. Property, ho	meowner's, or	renter'	s insurance					4b	\$175.00
	4c. Home maint	enance, repair,	, and ι	ıpkeep expenses					4c	\$100.00
	4d. Homeowner'	s association o	or cond	dominium dues					4d.	

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 40 of 57

Debto	or 1 Adrienne First Name	Middle Name	McAllister Last Name	_ Case number (if known)
	Filstivallie	ivildale Name	Last Name	Vou	r expenses
				Tour	expenses
5. <i>A</i>	Additional mortgage p	payments for your reside	ence, such as home equity loans	5.	
6. L	Jtilities:				
6	a. Electricity, heat, no	atural gas		6a.	\$400.00
6	6b. Water, sewer, garb	page collection		6b.	\$100.00
6	6c. Telephone, cell ph	one, Internet, satellite, ar	nd	6c.	\$175.00
6				6d.	
	- Food and housekeepi			7.	\$810.00
8. (Childcare and childre	n's education costs		8.	\$450.00
9. (Clothing, laundry, and	l dry cleaning		9.	\$150.00
10. F	Personal care produc	ts and services		10.	\$50.00
11. N	Medical and dental ex	penses		11.	\$170.00
	Fransportation. Includate. Do not include ca	le gas, maintenance, bus r payments.	or train	12.	\$220.00
	Entertainment, clubs, nagazines, and books	recreation, newspapers	,	13.	
14. (Charitable contributio	ns and religious donation	ons	14.	\$55.00
-	nsurance. Do not include insuranc	ce deducted from your pa	y or included in lines 4 or 20.		
1	5a. Life insurance			15a.	\$0.00
1	5b. Health insurance	•		15b.	\$0.00
1	5c. Vehicle insuranc	e		15c.	\$0.00
1	5d. Other insurance.	Specify:		15d.	
		·	our pay or included in lines 4 or 20.		
	·			16.	
17. l	nstallment or lease pa	ayments:			
1	7a. Car payments fo	r Vehicle 1		17a.	\$0.00
1	7b. Car payments fo	r Vehicle 2		17b.	
1	7c. Other. Specify:			17c.	
1	7d. Other. Specify:			17d.	
		•	support that you did not report as Your Income (Official Form 106l).		
		nake to support others v	who do not live with you.		
5	Specify:			19.	

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 41 of 57

Deb	tor 1	Adrienne		McAllister	Case number	(if kno	own)
		First Name	Middle Name	Last Name			, <u>——</u>
20.		er real property ex edule I: Your Incor		ines 4 or 5 of this form or o	n		
	20a.	Mortgages on oth	ner property			20a.	
	20b.	Real estate taxes	3			20b.	
	20c.	Property, homeo	wner's, or renter's insurar	ce		20c.	
	20d.	Maintenance, rep	pair, and upkeep expense	s		20d.	
	20e.	Homeowner's as	sociation or condominium	dues		20e.	
21.	Othe	er. Specify:				21.	+
22.	Calc	ulate your monthl	y expenses.				
	22a.	Add lines 4 throu	gh 21.			22a.	\$4,250.00
	22b.	Copy line 22 (mo	nthly expenses for Debto	r 2), if any, from Official Form	n 106J-2.	22b.	
	22c.	Add line 22a and	22b. The result is your r	nonthly expenses.		22c.	\$4,250.00
23.	Calc	ulate your monthl	y net income.				
	23a.	Copy line 12 (you	ur combined monthly inco	me) from Schedule I.		23a.	\$5,450.00
	23b.	Copy your month	ly expenses from line 22	above.		23b.	\$4,250.00
	23c.		nthly expenses from you monthly net income.	monthly income.		23c.	\$1,200.00
24.	Do y	ou expect an incr	ease or decrease in you	r expenses within the year	after you file this form?		
				our car loan within the year o odification to the terms of yo	, , ,	gage	
		No					
		Yes. Explain here None.	:				
		itolio.					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Page 42 of 57 Document

Fill in this information to identify your case:
Debtor 1 Adrienne McAllister
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA
Case number
(if known)
Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Part 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$189,892.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$5,020.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$194,912.00
P	Part 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$230,865.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,500.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$20,678.62
	Your total liabilities	\$256,043.62
P	Part 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,450.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,250.00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 43 of 57

Debto	r 1	Adrienne	McAllister	Case number (if known)				
Par	t 4:	First Name Middle Nam Answer These Questic	me Last Name ons for Administrative and S	tatistical Records				
6. A	re you	ı filing for bankruptcy under C	Chapters 7, 11, or 13?					
[No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes 							
7. V	Vhat k	nd of debt do you have?						
E	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.							
	_	ur debts are not primarily cor s form to the court with your oth	· ·	report on this part of the form. Check this	box and submit			
	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.							
9. C	opy tl	ne following special categorie	s of claims from Part 4, line 6 of So	chedule E/F:				
				Total claim				
F	rom P	art 4 on <i>Schedule E/F,</i> copy t	he following:					
9	a. Do	mestic support obligations. (Co	opy line 6a.)	\$0.0	<u>0</u>			
9	b. Ta	xes and certain other debts you	owe the government. (Copy line 6b.	.)\$0.0	<u>0</u>			
9	c. Cla	aims for death or personal injury	while you were intoxicated. (Copy li	ne 6c.) \$0.0	<u>0</u>			
9	d. St	udent loans. (Copy line 6f.)		\$0.0	<u>0</u>			

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 44 of 57

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Adrienne		McAllister		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	r the: EASTERN DIS	T. OF PENNSYLVANIA		
Case number (if known)				☐ Check if this is an amended filing	
Official Form	106Dec				
		ndividual Debt	or's Schedules	1:	2/15
Sig	gn Below		18 U.S.C. §§ 152, 1341, 1519,		
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fill ou	t bankruptcy forms?	
☑ No					
Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119)	
Under penalt true and corr		clare that I have read	the summary and schedules	filed with this declaration and that they are	
X /s/ Adrie	nne McAllister		X		

Signature of Debtor 2

MM / DD / YYYY

Date

Adrienne McAllister, Debtor 1

MM / DD / YYYY

Date <u>09/12/2016</u>

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 45 of 57

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Adrienne		McAllister		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court fo	or the: EASTERN DIS	T. OF PENNSYLVANI	A	
0					
Case number (if known)				Check if this is an amended filing	
000 : 15	4.07				
Official Form	107				
Statement of	of Financial	Affairs for Ind	lividuals Filing for	or Bankruptcv	04/1
Part 1: Giv	ve Details Ab	out Your Marital S	Status and Where Yo	ou Lived Before	
1. What is your ☐ Married ☑ Not marri	current marital	status?			
2. During the la	st 3 years, have	you lived anywhere o	other than where you live	e now?	
₩ No	, , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,		
	all of the places	you lived in the last 3 y	ears. Do not include whe	re you live now.	
(Community p		•	• .	in a community property state or territory? ouisiana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No					
Yes. Mal	ke sure you fill ou	t Schedule H: Your Co	debtors (Official Form 10	6H).	

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 46 of 57

Deb	otor 1	Adrienne First Name Middle Name		McAllister Cas		mber (if known)		
Р	art 2:	Explain the	Sources of Yo	our Income				
 4. Did you have any income from employr Fill in the total amount of income you recell f you are filing a joint case and you have No Yes. Fill in the details. 			income you receiv e and you have in	ed from all jobs and all bu	ısinesses, including par	t-time activities.	calendar years?	
5.	Did you Include unemplo and gan Debtor	receive any other income regardless byment; and other abling and lottery	er income during s of whether that i public benefit pay winnings. If you a	this year or the two prev ncome is taxable. Examply yments; pensions; rental in the in a joint case and you n each source separately.	les of other income are ncome; interest; dividen have income that you re	ds; money collected from eceived together, list it or	n lawsuits; royalties;	
	□ No	. Fill in the details		, ,		,		
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions	
		ry 1 of the curren i filed for bankrup	it year aritii	Household Support	\$46,000.00			
		calendar year: December 31, 2		Household Support	\$62,000.00			
		ndar year before December 31, 2	that:	Household Support	\$58,000.00			

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 47 of 57

Deb	otor 1	Adrienne First Name	McAllister Middle Name Last Name	Case number (if k	nown)							
		•										
P	art 3:	List Certain	Payments You Made Before You	Filed for Bankruptcy		_						
6.	Are eith	ner Debtor 1's or	Debtor 2's debts primarily consumer deb	ts?								
	□ No.		r 1 nor Debtor 2 has primarily consumer individual primarily for a personal, family, or		ned in 11 U.S.C. § 101(8) as							
		During the 90	days before you filed for bankruptcy, did you	u pay any creditor a total of \$6,42	5* or more?							
		☐ No. Go to	line 7.									
		total	elow each creditor to whom you paid a total amount you paid that creditor. Do not includ support and alimony. Also, do not include p	de payments for domestic suppor	t obligations, such as							
		* Subject to ac	ljustment on 4/01/19 and every 3 years afte	r that for cases filed on or after th	e date of adjustment.							
	√ Yes	Debtor 1 or D	ebtor 2 or both have primarily consumer	debts.								
	_	During the 90	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?									
		No. Go to	line 7.									
		credi	elow each creditor to whom you paid a total for. Do not include payments for domestic so do not include payments to an attorney for	support obligations, such as child								
	corpora agent, in such as	tions of which you	·	r owner of 20% or more of their v	oting securities; and any managing							
8.	_		ı filed for bankruptcy, did you make any ı	payments or transfer any prope	erty on account of a debt that							
		ed an insider?										
		payments on deb	ts guaranteed or cosigned by an insider.									
	✓ No ☐ Yes	s. List all paymen	ts that benefited an insider.									
Р	art 4:	Identify Leg	al Actions, Repossessions, and F	oreclosures								
9.	List all s		u filed for bankruptcy, were you a party in uding personal injury cases, small claims ac ct disputes.	-								
	□ No ✓ Yes	s. Fill in the detail	S.									
	se title		Nature of the case	Court or agency	Status of the case							
Ch	ase v. [Debtor	Mortgage Foreclosure	Cibik and Cataldo, I	P.C. Pending							
				1500 Walnut Street	On appea	ıl						
Cas	se numbe	r No. 0907002	23	Number Street Suite 900	Conclude	d						
				Philadelphia	PA 19102							
				City	State ZIP Code							

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 48 of 57

Deb	otor 1	Adrienne First Name	Middle Name	McAllister Last Name	Case number (if k	nown)		
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.						ned,	
	✓ No.	Go to line 11. Fill in the information		Ow.				
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?							
	✓ No ☐ Yes	. Fill in the details.						
12.	. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
	✓ No ☐ Yes							
P	art 5:	List Certain G	ifts and Con	tributions				
13.	Within	2 years before you	filed for bankru	ptcy, did you give any gifts	with a total value of more t	han \$600 per perso	on?	
	✓ No ☐ Yes	. Fill in the details f	or each gift.					
14.	4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?						ın \$600	
	☑ No □ Yes	. Fill in the details f	or each gift or co	ontribution.				
P	art 6:	List Certain L	.osses					
15.		l year before you f saster, or gamblin	-	tcy or since you filed for b	ankruptcy, did you lose any	thing because of th	eft, fire,	
	✓ No Yes. Fill in the details.							
P	art 7:	List Certain P	ayments or	Transfers				
16.	6. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.							
	□ No ✓ Yes	. Fill in the details.						
Cibik and Cataldo, P.C. Person Who Was Paid				Description and value of a Retainer & Costs	any property transferred	Date payment or transfer was made	Amount of payment	
1500 Walnut Street Number Street						09/12/2016	\$500.00	
Suite 900								
Phi City	ladelph	PA State	19102 ZIP Code					
ccp	oc@ccpe	claw.com						
Pers	on Who M	ade the Payment, if No	t You					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 49 of 57

Deb	otor 1	Adrienne First Name	Middle Name	McAllister Last Name	Case number (if known)		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	✓ No ☐ Yes. Fill in the details.						
18.	18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?						
Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property Do not include gifts and transfers that you have already listed on this statement.							
	✓ No	s. Fill in the details.					
19.				, did you transfer any proper asset-protection devices.)	ty to a self-settled trust or similar device of which		
	✓ No ☐ Yes	s. Fill in the details.					
Pa	art 8:	List Certain F	inancial Account	s, Instruments, Safe De	posit Boxes, and Storage Units		
20.	0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	✓ No	s. Fill in the details.					
21.	-	now have, or did y urities, cash, or otl	•	r before you filed for bankrup	tcy, any safe deposit box or other depository		
✓ No✓ Yes. Fill in the details.							
22.		ou stored property	in a storage unit or p	lace other than your home wi	ithin 1 year before you filed for bankruptcy?		
	✓ No ☐ Yes. Fill in the details.						
P	art 9:	Identify Prop	erty You Hold or (Control for Someone Els	se		
23.	-	hold or control an in trust for someo		one else owns? Include any	property you borrowed from, are storing for,		
	✓ No ☐ Yes	s. Fill in the details.					

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 50 of 57

Deb	tor 1	Adrienne		McAllister	Case number (if known)	
		First Name	Middle Name	Last Name		
Pa	art 10:	Give Details	About Environ	mental Information		
For	the purp	oose of Part 10, th	ne following definiti	ons apply:		
h	nazardo	us or toxic substa	ance, wastes, or ma	_	on concerning pollution, contamination, relea , surface water, groundwater, or other mediu ances, wastes, or material.	
		•		as defined under any envir including disposal sites.	onmental law, whether you now own, operate	e, or
				ronmental law defines as a ntaminant, or similar item.	hazardous waste, hazardous substance, toxi	С
Rep	ort all n	otices, releases,	and proceedings th	at you know about, regardle	ess of when they occurred.	
24.	Has an law?	y governmental ι	init notified you tha	t you may be liable or poter	ntially liable under or in violation of an enviro	nmental
	✓ No	s. Fill in the details	S.			
25.	☑ No	ou notified any go		any release of hazardous n	naterial?	
26.	Have you		n any judicial or adı	ministrative proceeding und	der any environmental law? Include settleme	nts and
	✓ No ☐ Yes	s. Fill in the details	S.			
Pa	art 11:	Give Details	About Your Bu	siness or Connections	s to Any Business	
27.	Within busine		u filed for bankrupt	tcy, did you own a business	s or have any of the following connections to	any
		A member of a li A partner in a pa An officer, direct	mited liability compa artnership or, or managing exe	a trade, profession, or other any (LLC) or limited liability pactive of a corporation or equity securities of a corp		
			ve applies. Go to Pa pply above and fill in	ort 12. In the details below for each bu	usiness.	
28.			ou filed for bankrupt creditors, or other		statement to anyone about your business?	Include
	□ No	s. Fill in the details	s below.			

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 51 of 57

Debtor 1	Adrienne	McAllister	Case number (if known)
	First Name Middle Name	Last Name	
Part 12	Sign Below		
that answer	ers are true and correct. I understand	that making a false stater cy case can result in fines	achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,
X /s/ Adr	ienne McAllister	x	
Adrienn	ne McAllister, Debtor 1	Signature of Debt	or 2
Date _	09/12/2016	Date	
Did you at	tach additional pages to Your Stateme	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone who is not	t an attorney to help you f	ill out bankruptcy forms?
☑ No			
	Name of person		Attach the Bankruptcy Petition Preparer's Notice,
			Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee	
	\$1,717	total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 56 of 57

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

In	re Adrienne McAllister	Case No.	
		Chapter	13
	DISCLOSURE OF COMPENSATION OF AT	TTORNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I that compensation paid to me within one year before the filing of the petitic services rendered or to be rendered on behalf of the debtor(s) in contemp is as follows:	on in bankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$	5,000.00
	Prior to the filing of this statement I have received		\$500.00
	Balance Due	\$4	4,500.00
2.	. The source of the compensation paid to me was: ☑ Debtor ☐ Other (specify)		
3.	. The source of compensation to be paid to me is:		
	✓ Debtor Other (specify)		
4.	I have not agreed to share the above-disclosed compensation with an associates of my law firm.	ny other person unle	ss they are members and
	I have agreed to share the above-disclosed compensation with anoth associates of my law firm. A copy of the agreement, together with a li compensation, is attached.		
5.	. In return for the above-disclosed fee, I have agreed to render legal service	e for all aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	debtor in determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs a	and plan which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation	on hearing, and any	adjourned hearings thereof;

Case 16-16409-sr Doc 1 Filed 09/12/16 Entered 09/12/16 15:35:46 Desc Main Document Page 57 of 57

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Continued Meeting of Creditor Hearings, Addition of Creditors after Filing Petition, Motions to Avoid Liens, Motions for Relief from the Automatic Stay, Motions to Dismiss Case, Adverserial Proceedings & Discharge Litigation, Depositions, Asset Cramdowns, Objection to Proof of Claims, Certification of Stipulation Defaults, Motions for Plan Modifications, Motions for Reconsideration, Vacate Wage Orders, Praceipe for Discharge, Bankruptcy Chapter Conversions, Redemption of Property, Lexis & Pacer Research, Credit, Property, Judgements, & Liens Reports. The above legal services will be billed at a hourly rate of \$350/hour per attorney.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/12/2016 /s/ Michael A. Cataldo, Esquire

Date

Michael A. Cataldo, Esquire Cibik & Cataldo, P.C. 1500 Walnut Street, Suite 900 Philadelphia, PA 19102 Phone: (215) 735-1060 Bar No.

/s/ Adrienne McAllister

Adrienne McAllister